



SPECIAL EVENT PERMIT

TENT OR CANOPY

Planning & Building • 2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477
alamedaca.gov
510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538
Hours: M, W, Th – 7:30 am – 4:30 pm
T – 7:30 am – 4:00 pm

ALLOW TEN WORKING DAYS TO PROCESS

Tent/Canopy Permits <i>under</i> 4,500 sq. ft.: \$750 Deposit is Required Tent/Canopy Permits <i>over</i> 4,500 sq. ft.: \$1,500 Deposit is Required

Attached is an application form for authorization to temporarily encroach into the Public Right-of-Way. Included with this application is a list of general conditions which may or may not apply to your activity. Please review these conditions along with the application and **answer all questions completely**. Please call (510) 747-6800 if you have any questions.

1. **Complete the attached Application form** using blue or black ink, only.
2. **Complete the attached Indemnity and Hold Harmless Agreement.** The City must be indemnified against any and all property damage or bodily injury which may occur. The applicant assumes all responsibility.
3. **Certificate of Insurance and an Endorsement for General Liability Coverage** naming the City of Alameda as an Additional Insured in the amount of \$2 million for the duration of the activity. (See attached examples.)
4. **Notification of Event** with signatures, addresses, and phone numbers of residential and/or commercial properties regarding permission of their property for the tent use.
5. **Diagram Map.** (See page 2 of application for additional required information.)
6. **Deposit.** (See above.) All time and material charges will be made against this deposit. (Balance of deposit will be refunded to payee after event and only upon completion of Request for Refund Form.)
7. **Required Signature Page** needs to be signed **before** the submission of this application.
8. **No Parking fees:**

Signs:	\$2.13 each
Spaces, unmetered	\$3.73 per day/per space
Spaces, metered	\$4.79 per day/per space

Return your completed application, along with the items listed above, to the Permit Center, 2263 Santa Clara Avenue, Room 190, Alameda, CA 94501. (Applications are accepted from 7:30 a.m. – 4:30 p.m. on Monday, Wednesday, and Thursday; and from 7:30 a.m. – 4:00 p.m. on Tuesday. **Please note: our office is closed on Friday.**

A Permit Technician will accept all your materials for submittal, collect the deposit, and forward your application to the appropriate City Departments for review. After all City departments have received and granted their approval, you will be contacted to read and sign the "Special Event Conditions" form prepared for your Special Event.

ALAMEDA FIRE DEPARTMENT

**FIRE PREVENTION BUREAU
ARTICLE 32 – UFC**

**TENT/CANOPY PERMIT SUBMITTAL REQUIREMENTS
(TEMPORARY MEMBRANE STRUCTURES)**

- i "Tent" is a temporary membrane structure greater than 200 sq. ft.
- i If a tent is equal to or less than 200 sq. ft., it is not considered a "tent" per Uniform Building Code/Uniform Fire Code (UBC/UFC)
- i "Canopy" is greater than 400 sq. ft. and open on seventy five percent (75%) of the perimeter.
- i Tents/canopies must maintain a distance of 20' from other structures, property lines, and other temporary membrane structures.

All tents and canopies must comply with Article 32 of the 1998 California Fire Code. Those requirements include, but are not limited to, the following:

1. Description of the time the tent/canopy will be used
2. Detailed description of the intended use
3. Include a detailed drawing showing
 - a. Property lines
 - b. Fire Department access
 - c. Buildings on the property
 - d. Vehicles on the property
 - e. Other internal combustions engines on the property
 - f. All tents located on the property
 - g. Interior details of individual tents/canopies, including:
 - i. Exit locations
 - ii. Portable fire extinguisher locations
 - iii. "No Smoking" sign locations
 - iv. Display locations
 - v. Seating arrangements
 - vi. Emergency lighting, if required
4. Certificate of flame resistance from the State Fire Marshal
5. Posted occupant loads if applicable
6. Descriptions of all decorative materials
7. Documentation of structural stability

REQUIRED ATTACHMENTS FOR THIS APPLICATION

FORM ID	FORM NAME	NO PAGES
	Indemnity and Hold Harmless Agreement or Indemnity and Hold Harmless Agreement – Alameda Point	1
	Insurance Requirements	1
	Monitored Bicycle Parking Requirements	1
	“No Parking” Certificate of Posting	2
	Request for Refund of Deposit – Special Event Permit	1
	Required Signature Page	1
	Temporary Encroachment	4
	Sample Certificate of Liability Insurance	1
	Sample Endorsement – Commercial General Liability	1



INDEMNITY AND HOLD HARMLESS

AGREEMENT

Planning & Building • 2263 Santa Clara Ave., Rm. 190
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alamedaca.gov

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Hours: M, W, Th – 7:30 am – 4:30 pm

T – 7:30 am – 4:00 pm

whose address is _____

(hereinafter "Indemnitor") in consideration of _____

agrees to the following terms and conditions:

Indemnitor shall defend, indemnify, and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit of outcome of any such claim or suit arising from or in any manner connected to the event, services, or work conducted or performed pursuant to this Agreement and Permit.

Indemnitor shall defend, indemnify and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, accruing or resulting to any and all persons, firms, or corporations, furnishing or supplying work, services, materials, equipment, or supplies arising from or in any manner connected to the services or work conducted or performed pursuant to this Agreement and Permit.

By the signature below, Indemnitor agrees that it has read this Indemnity and Hold Harmless Agreement and accepts and agrees to each and every term and condition herein.

The signatory below warrants that he/she is authorized by the Indemnitor to execute on its behalf this Indemnity and Hold Harmless Agreement.

INDEMNITOR:

Date: _____

By: _____

Print Name: _____

Title: _____



INDEMNITY AND HOLD HARMLESS

AGREEMENT – ALAMEDA POINT

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Hours: M, W, Th – 7:30 am – 4:30 pm

T – 7:30 am – 4:00 pm

whose address is _____

(hereinafter "Indemnitor") in consideration of _____

agrees to the following terms and conditions:

Indemnitor shall defend, indemnify, and hold harmless the United States Department of the Navy, the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit of outcome of any such claim or suit arising from or in any manner connected to the event, services, or work conducted or performed pursuant to this Agreement and Permit.

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By the signature below, Indemnitor agrees that it has read this Indemnity and Hold Harmless Agreement and accepts and agrees to each and every term and condition herein.

The signatory below warrants that he/she is authorized by the Indemnitor to execute on its behalf this Indemnity and Hold Harmless Agreement.

INDEMNITOR:

Date: _____

By: _____

Print Name: _____

Title: _____

INSURANCE REQUIREMENTS

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For all designated coverages, the City of Alameda requires a Certificate of Insurance signed by the party authorized by the insurance company to bind the company to the coverage shown, as well as an Additional Insured Endorsement to the Policy.

Sample Information:

1) Certificate of Insurance (sample attached)

Designated Insurance Requirements:

- i **General Liability: \$2,000,000**
- i Company Rating: A.M. Best "A" or better

Provide the City of Alameda thirty (30) days in advance written notice of cancellation, non-renewal or reduction in limits or coverage including the name of the contract or event.

Signed by the party authorized by the insurance company to bind the company to the coverage shown.

Other insurance coverage may be required based on the type of contract and scope of services.

2) Endorsement to the Policy (sample attached)

This endorsement **must**:

- i Name the "City of Alameda, its Council, Officers, Employees, Volunteers, Board and Commissions" as additional insureds; and
- i Include the policy number and type of coverage. **Please note: A statement included on the Certificate that the City is an additional insured, is NOT sufficient.**

3) Forward the Certificate of Insurance and the Endorsement to the Policy to the Department Representative with whom you are conducting business.

Please ask your insurance broker or agent to provide both documents to the City of Alameda ten (10) days prior to the event taking place since several departments must sign off on the entire request package before your participation in the event.

MONITORED BICYCLE

PARKING REQUIREMENTS

Planning & Building • 2263 Santa Clara Ave., Rm. 190
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REQUIREMENTS, EVENTS WITH 100+ PARTICIPANTS

1. Organizers should reserve space for bike parking commensurate with at least 5% of the total expected crowd. Expect a greater need for bicycle parking (10%) at any every located on Recreation and Park property.
2. In parking bicycles, an average length of 6 feet and width of 1.75 feet should be reserved for a single bike.
3. Bicycle parking should be within sight of a regular entrance to the event (maximum of a one-block radius.) This can include car garages, schoolyards, parking lots, or on-street parking.
4. Valet parkers must handle the parking and return of bicycles. Bicycles should be returned upon receiving a claim check to ensure the same bicycles are returned that were left. Valet parkers should record the number of bicycles parked at the event and provide that number to the event sponsor in order to estimate the amount of space needed for the following year's event.
5. Bicycle parking should be monitored at all times by someone approved by the event sponsor.
6. Hours of operation of the secured attended bicycle parking must be at least the same hours as the event.
7. The sponsor shall be financially responsible for the secured attended bicycle parking in the event that bicycles are damaged or stolen.
8. Bicycle parking information must be provided whenever any kind of transportation or directional information is advertised for the event, in the same format and with equal amount of space. All events must indicate the location of the secured attended parking facilities and all event personnel must be aware of the location.

Should any unique circumstances arise in relation to the bicycle parking for a particular event, the applicant should contact the Transportation Coordinator with the Public Works Department of the City of Alameda at (510) 747-7948.



"NO PARKING"

CERTIFICATE OF POSTING

Planning & Building • 2263 Santa Clara Ave., Rm. 190

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T – 7:30 am – 4:00 pm

EN _____

▶ NO PARKING EFFECTIVE DATES

Address/Location: _____

From: _____ to: _____

Hours: _____ to: _____

Spaces Requested: Metered _____ @ \$4.79/space per day

Non-Metered _____ @ \$3.73/space per day

Number of "No Parking" Signs: _____ @ \$2.13 per sign

Reason/Purpose of Posting (construction, moving, filming, etc.): _____

SIGNS WILL BE POSTED ON (date): _____ at (time): _____

No Parking signs must be posted at least 24 hours in advance of requested time per AMC Section 8-7.4a

▶ **SKETCH OF POSTING AREA ATTACHED** (IF REQUIRED): _____ YES _____ NO

▶ APPLICANT INFORMATION (print):

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

▶ **I CERTIFY THAT NO PARKING SIGNS WILL BE POSTED NO LATER THAN 24 HOURS IN ADVANCE OF THE REQUESTED TIME AS STATED ABOVE:**

Signature _____

Date _____

Print name _____

FOR OFFICE USE ONLY

	Quantities	Cost per space	Subtotals	No. of Days	Totals
Metered spaces:		\$4.79			\$
Non-metered spaces:		\$3.73			\$
No Parking Signs:		\$2.13			\$
TOTAL FEE:					\$

Date faxed to: APD: 522-9291 _____

MAINT: 521-8762 _____

ENG: 769-6030 _____

Revised 6/17/2013

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► **POSTING INSTRUCTIONS FOR NO PARKING SIGNS**

1. Metered spaces: Post sign on each parking meter
2. Non-Metered spaces: Post one sign per each space
3. Use only twine, masking tape, or cinch ties to attach signs to meters, poles, or trees.
4. DO NOT USE duct tape, nails, or staples to attach signs.
5. No Parking hours/dates may not be extended past approved times.
6. All signs must be removed within eight (8) hours of posted ending time of restricted parking.
7. Red Zones, Green Zones, and Disabled (Handicapped) Parking Zones may not be used as temporary No Parking zones.

Alameda Municipal Code Section 8-7.9 – Temporary Parking Prohibitions

a. Whenever the use of a street or portion thereof is authorized for the movement of structures or vehicles of unusual size, parades, or construction and repairs to streets, it shall be unlawful to park on that portion of the street where signs giving notice that parking is prohibited and subject to tow have been posted for a least twenty-four (24) hours prior to towing.



REQUEST FOR REFUND OF DEPOSIT

SPECIAL EVENT PERMIT

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T – 7:30 am – 4:00 pm

Please submit the ORIGINAL “Request for Refund” form to Permit Center for processing.

Date faxed copies will not be accepted and will not initiate or expedite the refund process.

Permit No. _____

Title of Project _____

Contact Person _____

Phone Number _____

This will verify that all associated activities for the above-referenced permit and project have been completed as of _____

All “No Parking” signs for this project have been removed (*if applicable*) _____
Initial

Please refund any unused deposit. Thank You.

Signature

Print Name

Date

Mailing Address for Refund:

Return ORIGINAL form to:

City of Alameda Permit Center
2263 Santa Clara Avenue, Room 190
Alameda, CA 94501

Revised 6/17/2013

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REQUIRED SIGNATURE(S) PAGE (MUST BE SUBMITTED WITH APPLICATION)

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Police Department (All applications)

Contact: Sergeant Ron Simmons
E-mail: rsimmons@alamedaca.gov
1555 Oak Street
Alameda, CA 94501
(510) 337-8367 (Please call first)

I have reviewed the attached application.

Signature

Date

Alameda Point (Only Alameda Point property)

Contact: PM Realty Group
950 W. Mall Square, Room 239
Alameda, CA 94501
(510) 749-0304 (Please call first)

Applicant has/will receive a license to film/photoshoot at Alameda Point from PM. This approval does not grant actual authority to film/photoshoot until all approvals are granted by the City of Alameda Permit Center.

Signature

Date

City Owned Parks (Only City Parks)

Contact: Amy Wooldridge (Monday-Thursday only)
2226 Santa Clara Avenue
Alameda, CA 94501
(510) 747-7529 (Please call first)

Applicant has/will receive permission to film/photoshoot in the City Park from the Recreation and Park Department. This approval does not grant actual authority to film/photoshoot until all approvals are granted by the City of Alameda Permit Center.

Signature

Date



TEMPORARY ENCROACHMENT

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alamedaca.gov

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T – 7:30 am – 4:00 pm

CITY OF ALAMEDA NO. _____

Date _____

Fees Paid _____

Encroachment Permit No. _____

1. _____
Name of Organization Address City Zip

Person in charge of event Phone number (day)

2. _____
Name/Title of Chief Officer Phone number (day)

3. List any other organizations which will participate in the proposed activity:

(Attach separate sheet if needed)

4. Proposed date(s) and time(s) of activity:

Date: _____
Day Month

Time: _____
From To

Date: _____
Day Month

Time: _____
From To

5. What is the purpose of the proposed activity? _____

6. Please describe the activity: _____

7. Location of activity

Assembly point _____

Dispersal point _____

Please trace the exact route on the attached map or provide a drawing.

8. Estimate the number of participants: _____

9. Estimate the number of observers: _____

10. Will loudspeakers or sound devices be used? _____ YES _____ NO

If yes, how many? _____

Note: Applicant may be required to obtain an additional permit for sound devices.

11. To what extent will the streets and/or sidewalks on the proposed route be occupied? Please explain:

12. Number and kinds of vehicles to be used: _____

13. Number and kinds of animals: _____

14. Will your proposed activity require that street(s) be barricaded? _____ YES _____ NO

If yes, name of street(s) and/or intersections and indicate on attached map: _____

GENERAL PERMIT CONDITIONS

Please review the following list of General Permit Conditions and put a check mark beside those which apply to your activity.

- ____ 1. Applicant(s) agree to abide by all applicable provisions of the City of Alameda's Municipal Code.
- ____ 2. Applicant(s) understand and agree the proposed activity shall occur on the day and time as specified on the application.
- ____ 3. Applicant(s) understand and agree the number of participants in the proposed activity shall be restricted to that stated on the application.
- ____ 4. Applicant(s) understand and agree the proposed activity shall be restricted to the route(s), location(s), and dispersal point(s) as submitted with the application.
- ____ 5. Applicant(s) understand and agree the proposed activity shall be restricted to non-residential areas.
- ____ 6. Applicant(s) understand and agree the proposed activity will be restricted to only one-half of the street. Said portion of street must be clearly designated.
- ____ 7. Applicant(s) understand and agree to comply with restrictions applied to said activity by the State Department of Transportation.
- ____ 8. Applicant(s) understand and agree that use of said property will be restricted to those purpose(s) stated on the application.
- ____ 9. Applicant(s) understand and agree that the property to be used will be restricted to the area(s) as indicated on the application map or attached drawing.
- ____ 10. Applicant(s) understand and agree that the property shall be kept in a clean and orderly manner, free from debris.
- ____ 11. Applicant(s) understand and agree the movement of emergency vehicles shall have priority at all times.
- ____ 12. Applicant(s) agrees to obey all traffic laws applied to the proposed activity as determined by the City of Alameda.
- ____ 13. Applicant(s) understand and agree to provide security and traffic control as needed.
- ____ 14. Applicant(s) understand and agree that additional traffic control and security will be provided for said activity **by utilizing City of Alameda Police Officers on an overtime basis at the applicant's expense. The number of Police Officers to be determined by the reviewing Police watch Commander.**
- ____ 15. Applicant(s) understand and agree that equipment and lighting used for the proposed activity will not obstruct vehicular traffic.

____ 16. Applicant(s) understand and agree that a sound device will be operated only on the main arterials in Alameda and will not go into residential districts.

____ 17. Applicant(s) understand and agree to comply with all **Special Conditions** as may be required by City departments after review of application for proposed activity.

I declare that I am authorized to submit this application and that to the best of my knowledge and belief, all of the information given herein is true, accurate, and complete. Applicant(s), further acknowledges the General Permit Conditions as they apply to the proposed activity and agrees to fully comply with them.

Authorized Representative

Date

Application for Temporary Encroachment of Public Right-of-Way is hereby approved.

BUILDING OFFICIAL

Greg McFann

Date

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
INSURED	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

City of Alameda
2263 Santa Clara Ave
Alameda CA 94501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



SAMPLE ENDORSEMENT
COMMERCIAL GENERAL LIABILITY
Planning & Building • 2263 Santa Clara Ave., Rm. 190
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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of our operations or premises owned by or rented by you

SCHEDULE

Name of Person or Organization:

City of Alameda, its City Council,
Boards and Commissions, Officers, Employees, and
Volunteers
City Hall, Alameda, CA 94501

or

U.S. Department of the Navy, City of Alameda,
Alameda Municipal Power, Alameda Housing
Authority, their respective Boards, Commissions,
Officers, Employees, Agents, and Volunteers
City Hall, Alameda, CA 94501

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)